



160 St. Ronan Street, New Haven, CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

956

**Connecticut State Medical Society
Testimony Presented to the Human Services Committee on
In Opposition to Senate Bill 956 An Act Concerning Managed Care Contracts
February 24, 2009**

Senator Doyle, Representative Walker and Members of the Human Services Committee, on behalf of the over 7,000 members of the Connecticut State Medical Society (CSMS) thank you for the opportunity to present this testimony to you today in opposition of **Senate Bill 956 An Act Concerning Managed Care Contracts**.

CSMS supports the efforts of Legal Services and others to require MCOs participating in the Husky Program to disclose important information regarding the revenue received from the state and what percentage is actually going directly to provide health care services and reimburse providers for the provision of medical care. Health plans or other entities participating in the program must abide by the state Freedom of Information Laws. We have consistently supported the need of greater transparency when state dollars are being used to fund medical care.

The Governor demanded compliance with the FOI even when HUSKY contractors act as non-capitated administrative services organizations. When HMOs departed the HUSKY program in April 2008, two accepted the FOIA obligation and signed contract amendments agreeing to be bound by this basic accountability obligation as such non-risk contractors.

S.B. 956 would limit Medicaid HMOs to disclosing only a limited set of governmental function documents, giving them a privileged status compared to all other state contractors performing this kind of function for over \$2.5 million/year and rendering the FOIA disclosure obligation close to meaningless.

Under the FOIC rulings, all of the HMOs' documents related to the performance of their state contracts are subject to public disclosure, though the HMOs have the right to claim to DSS that some documents should remain confidential under specified statutory exemptions under the FOIA, with DSS serving as the ultimate arbiter. S. B. 956 would effectively undo these important contractual provisions by significantly limiting the kinds of documents that HUSKY HMOs would have to produce.

CSMS strongly supports efforts undertaken to demand more accountability from the health plans that participate in the program. There needs to be continued accountability and scrutiny as to how the funding is being spent for Medicaid recipients. We truly believe that there must be accountability to ensure that the program allows for greater access to quality patient medical care.

We ask the Connecticut General Assembly to oppose S.B. 956 to protect the patient and provide greater transparency and simplicity to how, what and who is paying for medical care and at what level of payment. Thank you for the opportunity to present this testimony to you today.